



PREVIOUS FINANCIAL INSTITUTION LETTER

To Whom It May Concern,

I hereby authorize the closure of my account effective ___ / ___ / ___ .
The account information is as follows:

Name: _____
Checking Account Number: _____

Please transfer any remaining balance via check to:

Sharefax Credit Union, 604 Ivy Gateway, Cincinnati, OH 45245
or electronically to Sharefax Credit Union: Routing number 242077312
Account number _____

Please contact me at _____ or Sharefax Credit Union at
800-733-1SCU (1728) with any questions.

Thank you,

Name: _____

Address: _____

City, State Zip: _____